

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550845

FILING DATE

APPLICANT'S

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19	1					
20	1					
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22	1					
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24	1					
25	1					
26	1					
27	1					
28	1					
29	1					
30		1				
31		1				
32		3				
33		3				
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49		1				
50		1				
TOTAL IND.	1		↓		↓	
TOTAL DEP.	29	←	←	←	←	←
TOTAL CLAIMS	30	████████	████████	████████	████████	████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	
52					1	
53					1	
54					1	
55					1	
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97						
98						
99						
100						
TOTAL IND.			↓		1	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS	31	████████	████████	████████	████████	████████